

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000006162

1. Entity Name  
SELIMA, INC.



Principal Place of Business

3800 S OCEAN DRIVE  
#232

HOLLYWOOD, FL 33019 US

Mailing Address

3800 SOUTH OCEAN DRIVE SUITE 232  
HOLLYWOOD, FL 33019



01222008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-1871661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SCHWARTZ & MILLER, P.A.  
2435 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000323797  
02/20/08-80051-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME STAVOLA, SELIMA  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE V  
NAME STAVOLA, ANTHONY  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE T  
NAME HUNTER, CLAIRE  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE D  
NAME DAVIS, CLAIRE  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08

Date

Daytime Phone # \_\_\_\_\_